MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-026018

NY 300 Rev. 4/59 1	DO NOT WRITE ON THIS STUB	AMENDED	F ^{Reg} i	istration District No LED JUL 5		nary Registrati	ion District No. 100	<u>-</u>				
Description of the property of	VS 300		a	a. COUNTY				a. STATE Mi			admission)	
ACCOUNT BOTTON COUNTY Conditions Country Count	kev. 4/59	温		OR `		SHIP only)	Length of stay in 1b	c. CITY OR			Inside Limits	
ACCOUNT BOTTON COUNTY Conditions Country Count	,] [ion)	Invide Liera] 31		cutaids aims faces	Yes No D	
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Male Negro Wifewed Divorced 3_2_1859 61, Menths Days Hours Menths Or Misser Male Negro 106. KIND OF BUSINESS OR NRUDSIRY 11. BIRTIPFIACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY IN One Arkansas ISA. NAME OF RUSSAND OR WIFE ISA. NAME	3					rd		_	OF DEATH	6 25	63	
10 10 10 10 10 10 10 10			5. ;					·	, , , , , , , , , , , , , , , , , , , ,			
Taborer Iso. Mothers Maiden Name Jame Smith None 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. QUANTIES OF DEATH (Enter only one cause per line for (a), (b), and (c). 11. QUANTIES OF DEATH (Enter only one cause per line for (a), (b), and (c). 1277-0 13. EAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 12. QUANTIES OF THE OF MOST MOST AND COUNTY STATE 13. WAS AUTOPED AND COUNTY STATE 14. AND CONTRIBUTION OF COUNTRIBUTION TO DEATH but not related to the terminal disease condition given in PART I (a) 14. QUANTIES OF THE OF MOST MOST AND COUNTRIBUTION TO DEATH but not related to the terminal disease condition given in PART I (a) 15. WAS AUTOPED AND COUNTRIBUTION TO DEATH but not related to the terminal disease condition given in PART I (a) 16. GUANTIES OF THE OF MOST MOST AND COUNTRIBUTION TO DEATH but not related to the terminal disease condition given in PART I (a) 17. WAS AUTOPED AND COUNTRIBUTION TO DEATH but not related to the terminal disease condition given in PART I (a) 18. GAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. WAS AUTOPED ADDRESS 20. INJURY OF COUNTRIBUTION TO DEATH but not related to the terminal disease condition given in PART I (a) 21. I attended the deceased from disease condition given in PART I (a) 22. SIGNATUS 22. DATE SIGNATUS 23. DATE RECO. BY LOCAL REC. 24. SEGNATOR COUNTRIBUTION 25. DATE RECO. BY LOCAL REC. 26. SEGNATOR COUNTRIBUTY 26. COUNTY 27. ADDRESS 27. DATE SIGNATUS 28. LOCATION (City, town, or country) 29. LOCATION (City, town, or country) 29. LOCATION (City, town, or country) 20. SIGNATUS 20. COUNTRIBUTY 20. C				USUAL OCCUPATION ((Give kind of work done	106. KIND O	IF BUSINESS OR INDUSTR			country) 12. CITIZEN	OF WHAT COUNTRY	
TO ONLY WE WAY OR ONLY THE STANDER NAME Note Sam Jarrett 13. FATHER'S NAME Sam Jarrett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 100, or unknown) (if yes, give was or dates of serve of dates of serv	6 5	š	l	Laborer	ng life, even if retired)				128			
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 10	7 /	ا إ دِّ	13a. i				. MOTHER'S MAIDEN NAM	VE.	14. NA	NAME OF HUSBAND OR V	WIFE	
Section Conditions, if any, which gave rise to show cause (a), which gave rise to show cause (a), lever	A /						Jane Smith	17 INFORMANT	N	lone Address		
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PART II. DEATH WAS CAUSED BY: 12/77-0 13 15 15 15 15 15 15 15		쵦	1 10	8. CAUSE OF DEATH	l (Enter only one cause per l	line for (a), (b	رة), and (c).	Inacte oam		LULY SINCTIC	INTERVAL BETWEEN	
Which gave rise to above cause (a), stating the under-lying cause (a), stating the under-lying cause last. Does not be cause (a), stating the under-lying cause last.	10	اااا	NEN	PART I.	DEATH WAS CAUSED BY:			monary Embo	olism	ì		
Which gave rise to above cause (a), stating the under-lying cause last. Double Part III.		중 1층 1	ָלָּן <u> </u>		INVIEUIATE CAUSE (a,					1	1	
Which gave rise to above cause (a), stating the under-lying cause last. Note: Part	1277	EAL EAL		Condition	ns, if any,] DUE TO (b,	y	Thrombophleb	itis			<u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 cm th	13 F	THIS INST		above cause (a), stating the under-					`			
20c. TIME OF How INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g.	710	5	δ	PART II.	OTHER SIGNIFICANT CL disease condition given in	ONDITIONS (CONTRIBUTING TO DEAT	TH but not related to	o the terminal	PART III. If decease there a pre-	sed was female was regnancy in last 90 days.	
20c. TIME OF Hour a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 6-11-63	//	2	Ş		- -					<u></u>		
The state of the s	٠ <u>١</u>	NOME!		19. WAS AUTOPSY PERFORMED? YES A NO			DE 20b. DESCRIBE HC	W INJURY OCCURREL	D. (Enter nature of	of injury in PART I or PA	ART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK 20f. Cliff, 10WN, UR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20f. Cliff, 10WN, UR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20f. Cliff, 10WN, UR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20f. Cliff, 10WN, UR LOCATION 21l. attended the deceased from	y Z	AME	EDICAL	20c. TIME OF Hour			-			:		
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226. DATE SIGNATURE 226. SIGNATURE 226. SIGNATURE 226. DATE SIGNATURE 227. DATE SIGNATURE 226. DATE SIGNATURE 226. DATE SIGNATURE 226. DATE SIGNATURE 227. DATE SIGNATURE 228. DATE SIGNATURE 229. DATE SIGNATURE	AC HE	<u> </u>	-		4 11	1-63		6-25-63 and	d last saw him al	live on 6-25-63		
23e. BURIAL CEMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, of county) (State) REMOVAY (Specify) 7-1-1963 Greenwood St. Louis County, Missouri 24 Flufferal DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REQUIRAR'S GIGNAFORE ADDRESS 25. DATE RECD. BY LOCAL RECD	18 TI		'	_	100		Am on th					
236. BURIAL CEMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Removal (Specify) 7-1-1963 Greenwood St. Louis County, Missouri 24 Fundance County Address 25. Date RECD. By LOCAL REG. 26. REQUIRAR'S GIGNAPORE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REQUIRANCY ADDRESS 25. DATE RECD. BY LOCAL RECD. BY LOCAL RECD. BY LOCA	JSE É¥	<u> </u>	L -3		1/-7/0	He or Ville)	$\sqrt{1}$				22c. DATE SIGNED	
236. BURIAL CHAATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Removal (Specify) 7-1-1963 Greenwood St. Louis County, Missouri 24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REQUIRAR'S GIGNAFORE ADDRESS 25.	- <u>E</u>	š		(\mathcal{L}_{1})	H /ll	En DIL	3/					
ADDRESS 23. BILLER ST. DIRECTOR ADDRESS	-		₹ 23a.	BURIAL CHAATION,	23b. DATE	1 _					, ,	
ADDRESS 23. BILLER ST. DIRECTOR ADDRESS		<u> </u>	E Re	movel	7-1-1963		enwood 125 DAY			TRAR'S SIGNATURE	H M -	
I I I I I I I I I I I I I I I I I I I		[E]	⋖ 24	FUNERAL DIRECTOR					/#	6 # # - T	h. 17.0.	

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	MATERIA.
StudentSigned	Julian C. Culker
Signature of Student Embalmer	1
	Licensed Embalmer No.
	Affect March
된 아무 (10,40) HX	P. O. Address 7 7 7 11-8

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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